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THE SECOND CONGRESS OF THERAPISTS OF THE BELORUSSIAN SSR

by S. Kamyshinkov, G. Klebanov and M. Piletskiy

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THE SECOND CONGRESS OF THERAPISTS OF THE BELORUSSIAN SSR

[Following is a translation of an article by S. Kamyshnikov, G. Klebanov, and M. Piletskiy, in Zdravookhraneniye Belorussii (Public Health of Belorussia), Vol. V, No. 1, Minsk, January, 1960, pages 62-68]

The second congress of therapists of the BSSR [Belorussian SSR] was held in Minsk from 1 through 4 December 1959. There were 593 delegates and 150 guests participating in the work of the congress. Thirty of the delegates were from fraternal republics (RSFSR, Ukrainian SSR, Latvian SSR, Lithuanian SSR, Estonian SSR). The participants included 25 professors and doctors of medical sciences, 44 docents and candidates of medical sciences, 57 workers (without degrees) at institutes for physician refresher courses and scientific-research institutions, 188 physicians from city hospitals and clinics, and 275 physicians from rural therapeutic districts. The participants of the congress included one active member of the Academy of Medical Sciences USSR, three academicians of the Academy of Sciences BSSR, and nine honored physicians of the BSSR.

The congress was opened by I. A. Insarov, Minister of Public Health, Belorussian SSR. He commented on the outstanding successes of the Soviet nation in the development of the economy, science, and culture of its socialist Motherland, which is building communism.

The state is annually increasing the appropriations to meet the needs of public health, the training of medical cadres, and the development of medical science. The 1960 state budget for public health, which was adopted by the second session of the Supreme Soviet of the BSSR, constitutes more than 1,240,000,000 rubles. These funds make it possible to carry out the further development of medical institutions, the construction of new and the enlargement of existing hospitals, clinics, children's institutions and educational institutions, and to increase the efficiency and quality of the medical service provided to the public.

The minister spoke of shortcomings present in the work done by public-health agencies, therapeutic-prophylactic, and scientific medical institutions, and the ways of eliminating those shortcomings. He posed the tasks evolving from the decisions of the XXI Congress of the CPSU [Communist Party of the Soviet Union] and the seven-year plan for the

development of the national economy of the USSR. He cited data attesting to the considerable reduction of the fatality and disease rates in the republic. Comrade Insarov called on the republic's therapists to fulfill their duty brilliantly and, by their joint efforts, to achieve new successes in the medical service provided to the public.

More than 60 papers were read at the seven sessions of the congress. They were devoted to the following problems: the state of therapeutic aid for the population of the republic and ways of improving it; nonspecific diseases of the lungs; diseases of the blood system and blood transfusion in the clinical aspects of internal diseases; and new methods of diagnostics and therapy.

The first session was devoted to the state of therapeutic aid for the population of the republic and ways of improving it. I. M. Lagun, chief therapist at the Ministry of Public Health BSSR, read a paper which he noted that the 10 years that have elapsed since the first congress of Belorussian therapists have seen great changes.

The total number of physicians in the republic has increased 1.6 times; therapists, 2.2 times (in rural areas, 3 times) infectionists and laboratorian physicians, 2 times; phthisiologists, 1.7 times, and physiotherapists, 6 times. The proportion of therapists in the total number of physicians has increased from 15.4% in 1950 to 21.4% in 1958, and, together with phthisiologists and infectionists, they constitute 28.4%. Many therapists have shown themselves to be good organizers and innovators who are implementing the achievements of medical science.

In the time that has elapsed since the first congress, 812 therapists, 300 phthisiologists, and 227 infectionists have taken specialization and refresher courses at institutes in Minsk, Moscow, and Leningrad, and at oblast' hospitals.

The number of hospitals increased from 679 in 1950 to 925. The number of beds for therapeutic patients increased 1.5 times and for tuberculosis patients, 1.7 times. The number of x-ray machines increased 2.5 times; physiotherapy offices, 2-3 times; and clinical-diagnostic laboratories, 2 times. Our republic is lagging behind the average figures for the USSR in providing the population with hospital beds. An increase of 42% in the number of hospital beds has been planned for the seven-year period. The hospital-bed network will increase considerably in rural areas.

The district therapist is the central figure in the clinic assistance provided to the public. In the clinic and at home he renders medical aid to 92.2% of the population of his district. With the aim of improving ambulatory and clinic assistance to the public, the receiving hours at clinics have been lengthened, the work schedule has been revised, and the work of the recording offices has been systematized. Service for the public on their days off has been organized in the clinics of Minsk, Gomel', Vitebsk, and other cities.

A very important factor in prophylaxis, diagnostics, and therapy is the degree of training of the district therapist. The situation is correct in Vitebskaya Oblast' (chief therapist of oblast' public health

department, L. L. Gulles), where the district physicians are trained not only in therapy, but also in the diagnostics of tuberculosis and infectious diseases by means of short courses and practical work in the in-patient departments of the antituberculosis dispensary and the hospital for infectious diseases.

We have a certain improvement of the work to develop and strengthen the dispensary method. However, the number of people given dispensary treatment is still insufficient. More than 1/3 of rheumatism patients are given no dispensary observation; the rheumatic heart disease offices in the oblast' hospitals have not yet become the organizational-methodology and consultative centers in the struggle against rheumatism. Otorhinolaryngological specialists, stomatologists, and dentists have not been included in the conducting of prophylactic measures. Inadequate sanitation measures have been conducted among adolescents and young men and women. Almost half of the stenocardia patients and persons who have had a myocardial infarct are not receiving dispensary observation. The percentage of people covered was especially low in Vietebskaya Oblast' (23.7%) and Brestskaya Oblast' (35.7%).

The ratios of chronic gastritis to peptic ulcer (10 : 1 in urban areas and 12 : 1 in rural areas) attest to the poor detection of persons with peptic ulcer. There are even more complications for persons with duodenal ulcer. In 1958, 247 patients in Grodnenskaya Oblast' were given operative therapy as a result of hemorrhaging or perforated ulcer. This constitutes 23.3% of the registered patients. The greatest number of complications occurred in those areas where insufficient time was devoted to treatment of those cases in the therapy departments (Lida, Slonim, Volkovysk).

The speaker devoted his attention to the considerable number of recurrences of Botkin's disease [infectious hepatitis] (in 1958, 128 patients in cities and 203 in rural areas).

An important shortcoming in prophylactic work is the fact that a small number of patients with endemic goiter in the third and fourth stages are not shown on dispensary records. The public's use of iodized salt, and mass inspections of school children for the detection of that disease in its early phases, with subsequent therapy involving iodine preparations, are incomplete and insufficient in the republic.

It is pleasant to note that the professors at our clinics, on the example of the scientists at the Rostov Medical Institute, have decided to receive patients at clinics after the completion of their normal working hours.

A considerable amount of work has been done in the republic on the preferential servicing of workers at industrial enterprises. There are now 15 medical sanitation units, 7 clinics, and 184 medical and 490 medical-aide stations. There has been a decentralization of many shop medical districts: in 1954 there were 14 of them in the republic, and in 1959 there were 50.

The professor and instructor staff at the Minsk and Vitebsk medical institutes and the Belorussian Institute for Physician Refresher Courses render consultative assistance to the workers in the city of Minsk. In addition, the physicians at the therapeutic institutions of industrial enterprises in the republic are waiting for the scientists to provide them more effective methods of therapy and prophylaxis of grippe, catarrh of the upper respiratory tracts, angina, and cardiovascular and other of the most widespread diseases.

With the aim of increasing the specialization of therapists in the field of industrial pathology, an occupational-disease clinic will be opened in Minsk in 1960. This clinic will be a scientific-methodology center.

The planned consolidation, during the seven-year period, of 470 rural hospitals to 25-35 or more beds, the enlargement of regional hospitals to 100-150 or more beds, and the creation of a network of inter-regional hospitals with highly-skilled cadres, will make it possible to increase the quality of therapeutic-prophylactic work in rural areas and will considerably reduce the number of people being sent from rural areas to city hospitals.

The speaker noted that there is too prolonged examination of the patients admitted at the therapeutic departments of hospitals, which patients have not infrequently been sent for treatment by the clinic departments of the same hospitals. This leads to a lengthening of the time spent by the patients in the in-patient departments. An especially considerable increase (of 2.9 days) was observed in the clinic hospitals in the city of Minsk.

The over-all fatality rate in therapeutic departments dropped from 2.7% in 1950 to 2% in 1958. The fatality rate was higher than the average figures for the republic in the Vitebsk Oblast' Hospital, and there was a slight increase in the fatality rate from croupous pneumonia in the hospitals of Brestskaya Oblast' and the city of Minsk. The basic reasons for the fatality rate were: late diagnostics and late hospitalization, insufficiently energetic treatment at home, and the incorrect use of antibiotics, particularly penicillin (the use of only two injections a day), and delayed replacement of antibiotics.

An especially important link in the therapeutic service provided to the public, the speaker said, is the fight for the reduction or elimination of infectious diseases. The high percentage of discrepancies between clinic diagnoses and the diagnoses made at specializing in infectious diseases hospitals and departments attests to the fact that the therapists have an insufficient knowledge of the diagnostics of infectious diseases.

In recent years there has been a considerable increase in the number of clinic and biochemistry laboratories. They have been better provided with equipment, the volume of research works has expanded, and the quality of laboratory analyses has improved. All the city and rayon hospitals have been able to make use of clinical and bacteriological research. However, because of the absence of trained cadres, equipment, and reagent

and reagents at rayon hospitals, biochemical research is not being carried out at all or is being carried out in insufficient volume.

More and more use is being made of physical therapy and therapeutic physical culture in the combined treatment of therapeutic patients. At the present time therapeutic institutions have at their disposal 805 physical-therapy offices, including 429 in hospitals. Hydrotherapy is developing insufficiently in the republic, and little use is being made of nonequipment physical therapy at rural hospitals. In order to expand and to improve the use of physical methods of therapy it is necessary to increase the knowledge of therapists and neuropathologists in that area, devoting special attention to the training of junior medical workers at physical-therapy offices.

In conclusion I. M. Lagun pointed out that therapists are confronted by large and important tasks in the further improvement of therapeutic aid to the public. In 1960 and in the subsequent years of the seven-year plan the efforts of many scientists and practitioners in the republic will be concentrated on the development of the physiological fundamentals of nutrition and the hygiene of the healthy person and the ill person, and the development of problems of internal pathology.

The report by the chief therapist evoked lively debate. The persons who spoke shared the experience of their work, noted the achievements and shortcomings in the therapeutic service, and made a number of suggestions for the further development and improvement of therapeutic aid to the public.

I. G. Kru, chief therapist at the Brestskaya Oblast' Public Health Section, feels that a physician who has completed refresher courses should be given the category of specialist and his wages should be increased. This would have a desirable effect upon discipline, training, and the quality of training of physicians.

Comrade Kru noted that the directive letter of the Ministry of Public Health BSSR covered only the formal aspect of dispensary treatment and determined the group of nosologic forms and the procedure of observing the patients, but did not touch upon the methodology of dispensary treatment. It is correct merely to observe the dispensary patients when they feel well and to treat them when the disease becomes acute. It is necessary to take active steps to prevent the disease from becoming acute. In view of the very large workload carried by the district therapist, which has a deleterious effect upon the dispensary treatment provided for the public, Comrade Kru proposes the further decentralization of the duties within the district.

The speech made by N. D. Moshigna (city of Lida) met a great deal of interest. She spoke about the prophylactic work that she has done among the workers at industrial enterprises in the city of Lida. While noting the achievements in her work, she also pointed out a number of shortcomings (lack of certain medicines, the high turnover rate of therapists, etc).

I. S. Kapitonov, chief therapist at the Grodnenskaya Oblast' Public Health Section, spoke about the hospital-bed situation in the oblast'. The 1958 estimated provided for 736 therapeutic beds, but the actual number developed was 637. District service provided to patients at home is hindered to a considerable degree by the lack of motor transport, causing the therapist to spend a large amount of time making his rounds.

G. S. Gorbatshevich, chief therapist at the Minskaya Oblast' Public Health Section, told the congress that during the last two years the number of therapeutic-prophylactic institutions in Minskaya Oblast' has increased by 56. The seven-year plan has provided for the number of therapeutic beds in the city and rayon hospitals to be increased by 500, and in rural areas by 618. The number of therapists in 1958 was 231, or 25.5% of the total number of physicians. During the past three years, 108 therapists from the oblast', including 35 physicians at district hospitals, have been trained at institutes for physician refresher courses in Moscow, Leningrad, and Minsk. In order to increase the knowledge possessed by therapists, it is planned to carry out short courses on electrocardiography in 1960 for rayon therapists and directors of therapy departments. In order to increase knowledge in the area of the epidemiology and the clinical aspects of infectious diseases, in 1960 district physicians will be sent for one to two months to specialized training at hospitals, specializing in infectious diseases.

Twenty-five papers were read on the problem of nonspecific diseases of the lungs.

In his interest-provoking paper, A. D. Alenskiy cited data attesting to the fact that nonspecific diseases of the lungs, including catarrhs of the upper respiratory tracts, occupy first place, constituting 20-23% of all diseases. In the group of diseases of the organs of breathing, the first place in 1958 for the major cities of the BSSR was occupied by catarrhs of the upper respiratory tracts (72.2%). Success in the fight against catarrhs of the upper respiratory tracts and their complications lies on the path of sanitation and the treatment of the focal infections (chronic tonsillitis, sinusitis, etc.). Otolaryngologists must be aided by therapists, pediatricians, school and shop physicians, and surgeons, for which purpose it will be necessary to organize short-term training of these cadres in Minsk and in certain other oblast' centers.

Professor I. D. Mishenin, Yu. K. Kinduris, V. P. Molchanova, and T. S. Moroz, in their paper "Clinical Aspects, Pathogenesis, and Therapy of Pneumonia", cited their observations on 127 patients with croupous pneumonia: 55 patients were treated with edmonovocillin and norsulfazol, 75 patients with penicillin and norsulfazol, and 42 patients with bicillin. Twenty patients with focal pneumonia were treated with bicillin.

When edmonovocillin and norsulfazol was used to treat patients who were admitted early with croupous pneumonia, the number of bed-days was 10.1 for patients who were admitted late, 14.8; the respective

figures for treatment with penicillin and norsulfazol were 11 and 14.7. The number for treatment of croupous pneumonia with bicillin was 9.3 and focal pneumonia with bicillin was 7.85 bed-days. No side effects of these preparations were observed.

Docent Ye. V. Frolenko, in her report "combined Therapy of Patients with Suppurative Diseases of the Lung," on the basis of large number of observations (1106 patients), showed that a new phase in the treatment of suppurations of the lungs was the use of antibiotics, particularly penicillin. The effectiveness of penicillin is not identical and depends upon the age of the disease. When there have been chronic suppurative processes in the lungs, the therapeutic effect from the use of penicillin is slight, and in a number of cases penicillin is completely ineffective. This is apparently explained by the fact that the penicillin administered into the muscles does not sufficiently penetrate the pathologically changed fibrous tissues into the focus of suppuration, or into the affected bronchi. Since 1950 the method of endobronchial administration of antibiotics and other medicines has been widely used in clinical practice. More than 250 patients were treated by the method of bronchoscopic drainage. For the first 10-14 days the bronchoscopic drainage was carried out every 3-4 days, and then once a week or every 10 days. After the aspiration of the pus, 250,000-300,000 units of penicillin or 240,000 units of streptomycin were administered. The number of bronchoscopies necessary for treatment varies, being determined by the severity and nature of the disease, but on the average is 8-10, although patients who responded poorly to treatment varies, being determined by the severity and nature of the disease; but on the average is 8-10, although patients who responded poorly to treatment required 15-20 bronchoscopies.

Usually, after treatment with bronchoscopic draining, wide use is made in clinical practice of inhalation with an aerosol of penicillin, streptomycin, and other medicines. A large amount of attention is devoted to therapeutic nutrition, to vitamin therapy, blood infusions, novocaine blockades, and therapeutic physical culture. This method of combined therapy provides for the successful treatment of active suppurative processes. In instances of a chronic course it permits the physician to achieve a better general state for the patients and to reduce or eliminate perifocal inflammations, and thus to prepare for operative treatment.

Good results from treatment of abscesses of the lungs by means of intratracheal administration of penicillin were reported by V. I. Starostina (city of Grodno). She treated 40 patients (27 with acute abscesses and 13 chronic). Intratracheal administration of penicillin was carried out daily or every other day, for a total of 8-9 to 23-25 infusions. Simultaneously 75,000-100,000 units of penicillin were administered intramuscularly every 4 hours. In stubborn cases, the penicillin was combined with biomycin, terramycin, levomycetin, (or aerosol inhalation of penicillin). An improvement in the patient's general condition was noted after 2-3 administrations. The patient's formation

of sputum began to fall off, by the fifth to eighth day the temperature fell to normal figures, and the infiltration and cavity in the lungs disappeared. The treatment lasted 28-49-bed-days.

V. A. Koleda (city of Molodechno), in her paper "Treatment of Suppurative Disease of the Lungs by Intravenous Administration of Penicillin in Sodium-Iodide Solution," reported that sodium iodide administered intravenously with penicillin contributes to increasing the concentration of the latter in the lungs. According to the author's data (20 patients with acute abscess of the lungs), intravenous administration of penicillin in sodium-iodide solution in cases of suppurations of the lungs is more effective than intramuscular administration of penicillin. The average length of treatment was 28.8 days. Clinical and roentgenological recuperation was observed in five of the patients, and clinical recuperation with certain residual roentgenological symptoms was observed in the remaining 15.

Professor P. N. Maslov (Minsk), in his paper "The Surgery of Organs of the Chest Cavity, according to data of the clinic of the surgery Department of the MGMI /Moskovskiy gosudarstvennyy meditsinsky institut -- Moscow State Medical Institute/," pointed out that from 1955 through October 1959 the clinic has treated 342 patients with the following diseases: chronic suppurative processes in the lungs (252 patients), tumors of the lungs, pleura, and mediastinum (31 patients), acquired and inborn defects of the heart (40), diseases of the magistral vessels (5), and bronchial fistulas, foreign bodies in the lungs, and actinomycosis (14). Radical operation was carried out only on 148 patients, and palliative operations were carried out on the others, because of the patient's neglected state. The postoperative fatality rate for intrathoracic operations was 7.5%. When the method of endotracheal ether-acid narcosis with the use of relaxants and ganglion-blocking preparations became introduced into clinical practice, the postoperative fatality rate dropped considerably.

D. G. Abromovich, and L. V. Shklyarik (Minsk) shared their experience in the dispensary treatment of patients with pneumosclerosis /pulmonary fibrosis/. They came to the conclusion that, given the present-day broad possibilities of surgical treatment of pneumosclerosis, one need not feel that persons with this disease are doomed. What is needed is active dispensary treatment for them and therapy jointly with the surgeon.

Professor G. Kh. Dovgyallo and G. G. Zakharov, in their paper "Methods of Diagnosing Cancer of the Lung," pointed out that, out of 111 patients studied, cancer of the lung was suspected or recognized at the first visit to the physician in only five patients. More than 70% of the cancer patients were first incorrectly diagnosed ("catarrh of the upper respiratory tracts," "grippe", "pneumonia," "tuberculosis," "pleuritis", "bronchitis", "pneumosclerosis," "lymphadenitis," "gastritis"). Late diagnosis sharply limits the possibilities of surgical treatment.

They feel that the most effective methods of diagnosing cancer of the lung are: mass fluoroscopic examination of threatened segments of the population; maximum use of special research methods (bronchoscopy, cytological research, combined roentgenological examination with the use of topography, aerial and contrast bronchography, and test thoracotomy). It is necessary for the physician to exercise constant oncological caution in cases of prolonged bronchopulmonary diseases of an unknown nature, especially in cases of radical infiltration of the lungs, protracted or recurrent pneumonia, dry unmotivated cough and hemoptysis, or asthmoid conditions.

A vital question is the organization in the republic of specialized sections for thoracic surgery, in order to provide complete aid to all oncological patients requiring radical surgical therapy.

Professor B. M. Sosina and Docent A. Ya. Reznik, in their paper "Early and Prompt Diagnosis of Primary cancer of the Lung," indicate that untimely diagnosis of cancer of the lung is explained by: delay on the part of the patient in asking for medical aid, inasmuch as this disease frequently proceeds at first without any symptoms or with minor clinical signs; the fact that the physicians in the over-all network are not well acquainted with the primary symptoms and peculiarities of the course of cancer of the lung; and the fact that the oncological dispensaries are carrying out inadequate measures for the mass prophylactic examination of broad segments of the population (fluorography).

A. I. Venner and L. I. Golod, in their report on the clinical aspects of cancer of the lungs based on data of the Minsk Propedeutic Clinic (90 patients) pointed out that the symptoms of cancer of the lungs are varied. The earliest and most frequent symptoms are: stubborn pains in the chest, coughing with mucopurulent, and especially bloody, sputum, a rise in temperature, increasing debility, fatigability, loss of ability to work, and accelerated erythrocytic sedimentation.

A report worthy of attention and checking is the one by I. F. Kalinina (BIGUV) concerning the fact that cytological research of punctates from the lymphatic nodes has made it possible to detect metastasis of cancer in 20 out of 28 patients. Sternal puncture makes it possible to detect metastasis into the bone marrow at a stage when it cannot be detected by x-ray.

Other papers that evoked great interest were the paper by Professor A. Ya. Gubergrits (Izhevsk), "Functional Pathology in Certain Nonspecific Diseases of the Lungs", and professor A. L. Mikhnyuk and senior scientific colleague A. I. Khomazyuk (Kiev), "Pathogenesis of Breakdowns in Lesser Blood Circulation in Certain Diseases of the Lungs."

The other papers and reports contained much interesting information on this problem.

The persons who spoke during the debates spoke about the great importance of discussing nonspecific diseases of the lungs.

Professor V. Kh. Vasilenko (Moscow) thanked the organizers of the congress for bringing up the problem of nonspecific diseases of the lungs. The number of these diseases, specially chronic ones, is increasing. This is in contradiction to the powerful therapeutic remedies that present-day medicine has at its disposal. He emphasized that, in case of abscess of the lungs, self-cure is not a great rarity. A history of treatment of suppurative processes in the lungs is essentially a history of hopes and dispairs. The greatest success is achieved by surgical treatment. And however strange it may seem, despite the fact that we have an arsenal of powerful medicines, those patients are operated on more often than formerly, before the use of sulfanilamid preparations and antibiotics. Of course, etiologic therapy is needed, especially if the pathogen and its sensitivity are known exactly.

V. Kh. Vasilenko feels that penicillin should not be administered intravenously, since this method is not completely safe and sudden cases of death from shock have been noted.

The third and fourth days of the congress were devoted to diseases of the blood and to new methods of diagnosing and treating them.

The discussion of this problem was opened by a paper read by Professor G. Kh. Dovgiallo.

The speaker noted that during the past years the number of hospitalized patients as a result of certain diseases in the system of the hemopoietic organs has increased somewhat, especially persons with acute and chronic leukosis, lymphogranulomatosis, Werlhof's disease, and aplastic and hypoplastic anemia. A certain interrelation is observed between hematological diseases and age, sex, and place of residence. Even in large city hospitals there have been mistakes in diagnosis of these diseases, which are explained by the fact that the practitioners have insufficient knowledge of problems of hematology, by the lack of knowledgeable laboratory specialists at many city hospitals, and by the inadequate research on myeloid punctate and cytological research on the punctates of the lymphatic nodes and organs.

Academician of the Academy of Sciences BSSR, V. A. Leonov, on the basis of data in literature and on his own numerous research works, feels that the basic link in the pathogenesis of leukosis is a breakdown in the metabolism of micro- and ultramicroelements.

The participants of the congress showed great attention and interest to the paper read by Professors M. S. Dul'tsin and D. M. Grozdov (Moscow) concerning certain controversial questions dealing with the indications for splenectomy.

S. S. Kharamonenko, director of the Belorussian Institute for Blood Transfusion, dealing with the problem of the compatibility of donor blood and recipient blood in connection with auto- and isosensibilization, indicated that the electrophoretic method may be used to establish the quantitative characteristics of change in the stability of the erythrocytes in sera and to solve the problem of compatibility. This method should find application in clinical practice in order to determine the compatibility of the donor blood and recipient blood.

Yu. L. Vilenskaya and F. P. Brodskaya (Gomel') shared their experience in treating leukosis. They made wide use of symptomatic and general-tonic remedies: ascorbic acid, glucose, iron, campolon, anti-amin, vitamin B₁₂, rutin, hemotransfusions, etc. Penicillin, streptomycin, or terramycin were prescribed for purposes of preventing secondary infection. When indicated, calcium chloride, embichine, x-ray therapy, thesane, urethane, cortisone, and ACTH were used.

Academician of the Academy of Sciences BSSR, B. I. Trusevich, and Ye. R. Sidorenko reported on changes in the electrocardiogram in cases of blood transfusion for 40 patients with various anemic conditions, malignant tumors, chronic myelosis, lymphadenosis, and lymphogranulomatosis. In the majority of patients, during the first 15 minutes after the blood transfusion the rhythm of the cardiac contractions was slowed down, and returned to the initial level after 24 hours. Fifteen persons had a transitional lengthening of the PQ interval as compared with the initial value, a change in the T notch, usually in the direction of an increase in voltage, and a change in the QRS complex in the direction of the right-hand type. The change in rhythm and lengthening of the atrioventricular conductivity after blood transfusion were explained by the speakers by neuroreflex shifts, and the change in QRS complex by the fact that the venous canal was too full of transfused blood. Hence it follows that when there are clinical or electrocardiographic symptoms that the cardiac muscle is affected, blood transfusions should be carried out cautiously, by the droplet method.

R. n. Lushchitskaya (Propedeutic Department of MGMI) submitted data from clinical observations concerning the action of nitranol during the treatment of persons with stenocardia. According to her data, nitranol has a better effect than other nitrites and may be used in combination with other methods of pathogenetic treatment of stenocardia of various origin. Nitranol does not have any side effects when taken internally. Nitranol's vasodilative action does not begin for 10 minutes, and therefore at the onset of stenocardia, faster-acting spasmolytic medicines should be prescribed instead of the nitranol. Nitranol should be prescribed for stenocardia patients for 10-12 days, in dosages of 0.002 three or four times a day, after eating.

Detailed information was given on the problem of the treatment of stenocardia patients with anticoagulants (dicoumarin, phenylin) in the paper by Ye. Ye. Epshteyn and T. V. Shepelevich (clinic of the Therapy Department of the MGMI). Therapy was given under in-patient conditions and in the clinic, with a check of the prothrombin index. In a considerable number of clinic patients this therapy lasted 1-3 years. The authors recommend protracted treatment with anticoagulants for patients with chronic coronary insufficiency.

S. S. Nesvizhskaya and Ye. Ye. Epshteyn shared their observations on the use of convallatoxin in cases of insufficient blood circulation. According to their data, convallatoxin has a favorable influence upon the cardiac rhythm, which becomes considerably shallower; in cases of cardiac fibrillation the rhythm decreases or the pulse deficit disappears.

The venous-pressure indications drop and the blood circulation speeds up. Electrocardiographic observations do not reveal any noticeable changes. The degree to which the arterial blood is saturated with oxygen increase by 2-5% 20-30 minutes after the administration of the preparation. An improvement in the patients' condition is noted on the fourth to fifth day of use of the preparation and proves to be most sharply expressed in patients in stage II of blood-circulation insufficiency. Individual patients being treated with convallatoxin show symptoms of extrasystolic arrhythmia, or bigeminy-- a sign that the preparation should be replaced. In clinical practice convallotoxin used intravenously in dosages of 0.5-0.75-1.0 milliliters of 0.03% solution in 20 milliliters of a 40% solution of glucose, once a day. The number of injections varied from 5 to 30 for the course of treatment.

Ya. V. Neyfakh (Minsk, hospital therapeutic clinic) shared the clinical results of neriolin treatment of patients with varying degrees of blood-circulation insufficiency. The preparation was prescribed in the amount of 20 drops, twice a day, for ten days, followed by a 5-day interval, and then 20 drops a day, twice a day, for ten days more. A dosage of more than 20 drops causes the patients to have unpleasant sensations, sometimes pains in the area of the heart, and elongation of the PQ interval (from 0.18 to 0.23 seconds). Neriolin is an effective remedy when treating patients with blood-circulation insufficiency. A good effect was noted in patients with heart defects of rheumatic etiology with blood-circulation insufficiency of stage II-A and II-B, with cardiac fibrillation, atherosclerotic cardiosclerosis, and breakdown of blood circulation even in combination with the tachyarrhythmic form of cardiac fibrillation.

Patients with cor pulmonale do not lend themselves well to treatment with neriolin. The effect is extremely insignificant in patients with blood-circulation insufficiency of stage III.

Much interest and attention was shown to the paper read by Professor P. Ye. Lukomskiy, V. I. Bobkova, and P. M. Savenkova (Moscow) concerning the use of unsaturated fatty acids in patients with coronary atherosclerosis. Under the influence of unsaturated fatty acids, in the form of a mixture of their ethyl esters, patients with coronary atherosclerosis showed a number of favorable shifts in the indications of metabolism of lipids and proteins: drops in the level of cholesterol in the serum, decrease in the protein fractions -- globulins and betalipoproteins -- and an increase in the albumin fractions. These changes proved that it is precisely unsaturated fatty acids that cause the favorable influence of vegetable oil on the lipid and protein readings.

Ya. f. Buglova (Minsk, hospital therapeutic clinic) shared her experience of treatment of certain therapeutic diseases with acupuncture. Such treatment of certain therapeutic diseases with acupuncture. Such treatment has been given since September 1958. The patients treated included persons with bronchial asthma (12 patients), chronic asthmatic bronchitis on a background of pneumosclerosis (21), hypertension (12),

neurosis and symptoms of coronary spasm (8), peptic ulcer and duodenal ulcer (39), cholecystitis (10), radiculitis (17), etc. Acupuncture is an effective method for treating these diseases. Good results are observed when acupuncture is combined with treatment with medicines. In a number of cases this treatment produced hopeful results in treating patients with nocturnal enuresis, stuttering, spastic colitis, etc.

The participants in the congress showed great interest in the report by G. G. Zakharov (Minsk, hospital therapeutic clinic) concerning sapromycetinothrapy of candidosis. Use of sparomycetin internally, intramuscularly, and in the form of an aerosol proved effective for all candidosis patients studied. The symptoms not only of clinically expressed, but also of latent candidosis were eliminated in 7 to 10 days.

Speaking during the discussion period, L. O. Marchenko stated that sapromycotin has a good therapeutic effect in case of skin diseases (superficial and deep trichophytosis, epidermophytosis, favus of capillary portion of the head, etc.).

The chairman, Professor A. Y. Gubergrits (Udmurt SSR), in summing up the results of the discussion of the problem, thanked the speakers for their interesting reports which had been based on personal experience. Not only the papers, but also the discussions that they evoked, convincingly emphasized the necessity of further study and elaboration of the vital problem that blood disease is. He expressed his profound gratitude in the name of the guests who had been invited by the Organizational Committee to take part in the work of the congress of the therapists of Belorussia.

A report by the board of the Scientific Society of Therapists of Belorussia was given at one of the sessions of the congress by the Chairman of the Society, G. Kh. Dovgyallo. The congress elected a new board for the Society of Therapists of the Belorussian SSR. G. Kh. Dovgyallo was re-elected chairman.

The Congress adopted resolutions.

In concluding the congress, I. A. Insarov, Minister of Public Health, BSSR, thanked those present for their diligent, active participation in the work of the congress and wished the therapists new creative successes for the good of their nation.

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